

BEST AVAILABLE COPY

POSITION	ID NO.	DR.
CLASSIFIER	18	11/8/94
EXAMINER	422	7-26
TYPIST	354	3/7
VERIFIER	357	02/17/95
CORPS CORR.		
SPEC. HAND	437	1-23-95
FILE MAINT.	442	7/27/94
DRAFTING		

INDEX OF CLAIMS

Claim	Date
1	1/1/94
2	1/1/94
3	1/1/94
4	1/1/94
5	1/1/94
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Claim	Date
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SYMBOLS

- ✓ ..... Rejected
- ..... Allowed
- (Through numeral) ..... Canceled
- ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected